

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700489

FILED
Jan 03, 2011
Secretary of State

Entity Name: THE BREVARD COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

24 RENEE CT.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 560675
ROCKLEDGE, FL 329560675

New Mailing Address:

FEI Number: 59-1148414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAILLE, LINDA D
24 RENEE COURT
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BADOLATO, STEPHEN K MD
Address: 6300 N. WICKHAM RD, SUITE 101
City-St-Zip: MELBOURNE, FL 32940 US

Title: PED
Name: GRENEVICKI, LANCE K MD, DDS
Address: 1093 S. WICKHAM RD.
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VPD
Name: DEUKMEDJIAN, ARA J MD
Address: 836 CENTURY MEDICAL DRIVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: TD
Name: POTOMSKI, JR., JOHN H DO
Address: 720 EAST NEW HAVEN AVENUE, SUITE 11
City-St-Zip: MELBOURNE, FL 32901 US

Title: SD
Name: POTOMSKI, JR., JOHN H DO
Address: 720 EAST NEW HAVEN AVENUE, SUITE 11
City-St-Zip: MELBOURNE, FL 32901 US

Title: EDD
Name: PAILLE, LINDA D
Address: 24 RENEE COURT
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA D. PAILLE

EDD

01/03/2011

Electronic Signature of Signing Officer or Director

Date